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Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 284502000600 **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed **Application Number** 09/889.867 (Int'l) January 20, 2000 COMBINATION CHAPERONIN 10 AND BETA-INTERFERON THERAPY FOR MULTIPLE SCLEROSIS For (AMENDED) **Art Unit** 1647 Examiner J. Seharaseyon This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 60.00 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ \$510 \$ Three months (37 CFR 1.17(a)(3)) \$1020 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. Х The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to I have enclosed a duplicate copy of this sheet. Fee Deposit Account Number 03-1952 Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CPR Registration number if ag October 16, 2006 Signature Date Gregory P. Einhorn (858) 720-5133 Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Х Total of forms are submitted.

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